# APPLICATION FOR EMPLOYMENT WITH THE FEDERAL AVIATION ADMINISTRATION

### **INSTRUCTIONS**

YOUR APPLICATION QUESTIONNAIRE WILL BE OPTICALLY SCANNED FOR COMPUTER PROCESSING, SO READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY. IF YOUR FORM IS NOT COMPLETED CORRECTLY, WE WILL BE UNABLE TO PROCESS YOUR APPLICATION AND UNABLE TO CONSIDER YOU FOR EMPLOYMENT.

If you received this application form by fax and the corner boxes are distorted or missing from the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. The application form cannot be scanned or processed properly if the boxes are not intact.

- You must enter your Social Security Number in the boxes on the bottom of each page of this questionnaire. This assures that the pages of your form are processed together. Executive Order 9397 authorized the solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management, thus assuring proper identification of applicants throughout the selection and employment process. The information we collect by using your SSN will be used for employment purposes and may also be used for studies, statistics, and computer matching to benefit or payment files. Furnishing your SSN or any of the other information specified in the vacancy announcement is voluntary. However, failure to do so will prevent the processing of your application and will prevent consideration for employment.
- You must certify the application questionnaire by reading, answering, signing, and dating the "SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION" questions, or your application form will not be processed.
- For statistical purposes, please complete the "RACE AND NATIONAL ORIGIN IDENTIFICATION" form (the last page of this application package). This information is voluntary, and failure to provide it will not affect your consideration for employment, but it does help assure that our employment practices are free from prohibited discrimination and provide equal employment opportunities for all.
- Please use a black pen to complete this application questionnaire. Print plainly and carefully in capital block letters in the squares and completely darken the circle corresponding to the letter or number of your answer. Use correction fluid to make changes. Do not make or leave stray marks on the scannable form. A ruler may be helpful to ensure accuracy in marking the appropriate circles.
- Read each question carefully. Many questions are multiple choice; for those, darken completely the circle for the *one* answer that best describes you. If multiple answers are acceptable, that will be clearly indicated on the questionnaire itself. Answer all questions, but do not submit additional information or documents. *Only* information on this application form will be used to determine your eligibility for employment; additional information cannot be considered, and it will not be provided to the selecting officials.

Please remove this Instruction Sheet before submitting your application form.

Mail your completed application form to:

Federal Aviation Administration Mike Monroney Aeronautical Center Aviation Careers Division, AMH-300 P.O. Box 26650 Oklahoma City, OK 73126



# **Civil Aviation Security Specialist** (Federal Air Marshal) FV-1801-G/H/I

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

### APPLICATION FOR EMPLOYMENT WITH THE FEDERAL AVIATION ADMINISTRATION

#### **INSTRUCTIONS**

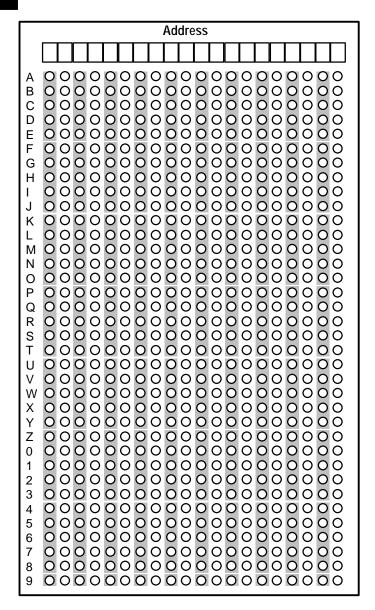
Please use black ink. Print plainly and carefully in capital block letters in the squares. Do not make or leave stray marks on the scannable form. Fill in the boxes with the requested information, or mark the appropriate box to indicate your answer. ALL Social Security Numbers MUST be filled in accurately for this application to be accepted. You must complete the application by reading, signing, and dating the "SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION" at the end of the questionnaire. In addition, you MUST darken in the "Yes" circle for each certification question in that portion of the questionnaire in order for your application to be considered. Your application WILL NOT be processed without this part of the questionnaire being completed.

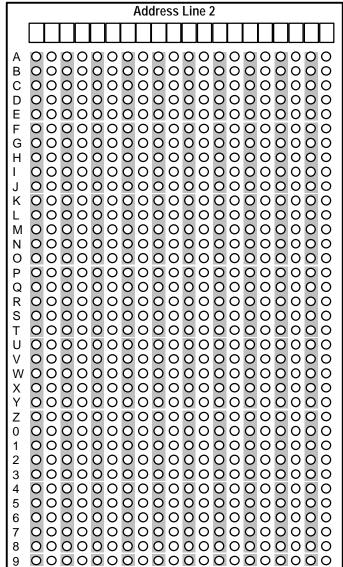
First Name	MI Last Name			
A O O O O O O O O O O O O O O O O O O O	A O A O O O O O O O O O O O O O O O O O			

	Social Security Number												
				-			-						
0	0	0	0		0	0		0	0	0	0		
1	0	0	0		0	0		0	0	0	0		
2	0	0	0		0	0		0	0	0	0		
3	0	0	0		0	0		0	0	0	0		
4	0	0	0		0	0		0	0	0	0		
5	0	0	0		0	0		0	0	0	0		
6	0	0	0		0	0		0	0	0	0		
7	0	0	0		0	0		0	0	0	0		
8	0	0	0		0	0		0	0	0	0		
9	0	0	0		0	0		0	0	0	0		

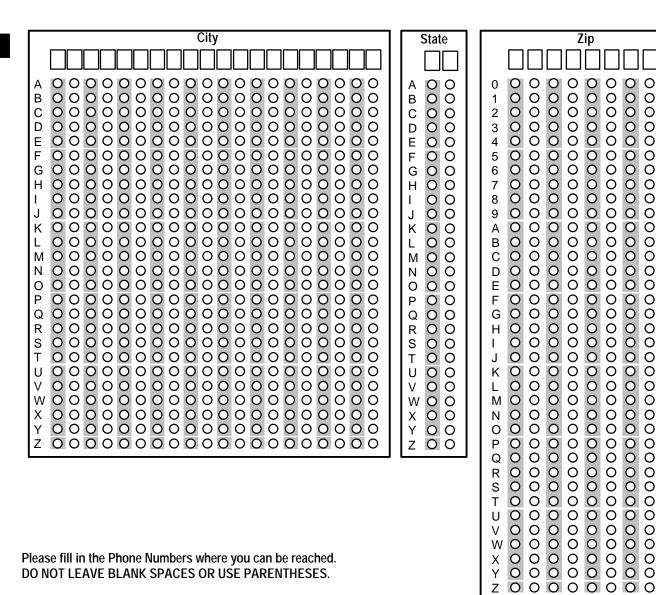
Suffix										
Jr.	Sr.	2nd	3rd							
O	O	O	O							

Lowest Acceptable Payband									
G	Н	I							
0	0	0							

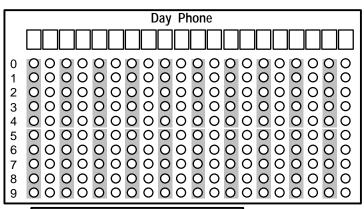




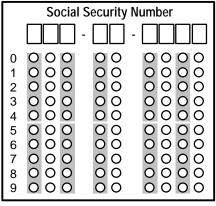
	Social Security Number											
0 1 2 3 4 5 6 7 8 9	000000000	0000000000	00000000	000000000	0000000000	00000	Ŏ	00000	00000000			

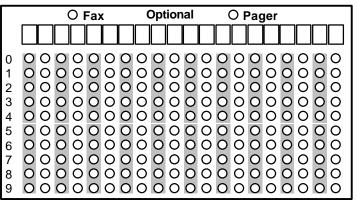


Please fill in the Phone Numbers where you can be reached. DO NOT LEAVE BLANK SPACES OR USE PARENTHESES.



								NI	ماد	† D	<b>L</b> 0	•							_	
	Night Phone																			
	ш	Ш	Ш		L	Ш		Ш	Ш	Ш	Ш	Ш		Ш		Ш	Ш	Ш	Ш	ш
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	_	0	_	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0





00000

00000

00000

00000

000000000

0

00000

Ö

Ŏ

0

Read each question carefully. Darken the circle for the ONE answer that best describes you. Multiple or blank responses will result in that question receiving the least credit.

Section 1: APPLICANT INFORMATION								
I am a citizen of the United States, Guam, American Samoa,     Puerto Rico	_	O No						
2. I am registered with the Selective Service System or I have registration. (NOTE: If you are a female, or were born before	ave a valid exemption from December 31, 1959, answer yes to							
this question.)	oup advocating the overthrow of the strike against the United States	O No						
Government.		O No						
4. I am currently a permanent civilian employee of the Fede		O No						
5. I am currently a permanent civilian employee or I have b of a Federal agency.		O No						
6. I am currently a temporary civilian employee of a Federal agency.								
7. I currently possess a valid driver's license.								
8. I am able to communicate orally and in writing in the En		O No						
		O No						
9. I am able to communicate orally and in writing in a language other than English								
Use this space to explain answers to questions 1, 2, or 3 above	if answered no :							
Section 2: MILITARY SERVICE								
I have served on active duty in the United States military servi	ice O Yes	O No						
I am claiming 5-point veteran preference based on my active of the second								
I am claiming 10-point veteran preference		O No						
4. I am claiming 10-point veteran preference as the spouse, wid								
deceased veteran	O Yes	O No						
If <b>NO</b> to all (after completing SSN below and SSN on partial of <b>YES</b> to 1, 2, or 3, continue.  If <b>YES</b> to 4 (after completing SSN below), skip to #19.	age 5), skip to Conditions of Employment on page	e 6.						
5. My beginning date of military service is:		ear						
		O 0 O 1						
Social Security Number	O Mar O 2 O 2	O 2						
	O IVIAV	O 3						
0 000 00 0000	O dan	O 4						
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O Aug O 6 O 6	O 5 O 6						
3 0 0 0 0 0 0 0 0	O Sep O 7 O 7	0 7						
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	U NOV -	0 8						
6 0 0 0 0 0 0 0 0	O Dec O 9 O 9	O 9						
7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6274						
9 0 0 0 0 0 0 0 0	4	6374						

0.	O Jan O 0 O 0	ntury ) 19 ) 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ear 00 0 10 1 20 2 30 3 10 4 50 5 60 6 70 7 30 8							
7.	My DD-214 or discharge papers reflect that all of my active duty service was for training purposes only.	0 `	Yes	O No							
8.	My DD-214 or discharge papers reflect I received the National Defense Service Medal			O No							
9.	. My DD-214 or discharge papers reflect I received a Campaign Badge or Expeditionary Medal for the period of active duty										
10.	My DD-214 or discharge papers reflect that I received a Purple Heart.	0 `	Yes	O No							
11.	I was (or expect to be) discharged under honorable conditions.			O No							
12.	I retired from military service at or above the rank of major (0-4) or its equivalent	O <b>`</b>	Yes	O No							
13.											
14.	I have retirement orders from a branch of the Armed Forces showing that I retired because of permanent service-connected disability or that I was transferred to the permanent disability retirement list.	O `	Yes	O No							
15.	My VA letter reflects I receive compensation for a service-connected disability or my	- •	. 00	- 110							
retirement orders reflect I receive disability retired pay											
16.				O No							
17.	,			O No							
18.	My VA letter or Armed Forces orders are dated within the last year.	O `	Yes	O No							
	Spouse, widow, widower or natural mother										
19.	I have an official statement for my spouse or child from the Veterans Administration or a branch of the Armed Forces certifying the present existence of a service-connected disability dated within the last year.	0.	V AS	O No							
20.	I have retirement orders for my spouse or child from a branch of the Armed Forces		103	0 140							
_0.	showing that he/she retired because of permanent service-connected disability or										
	that he/she was transferred to the permanent disability retirement list	O `	Yes	O No							
21.	I am the widow, widower, or natural mother of a deceased veteran and can provide			_							
	documentation regarding military service, disability, and/or death, as required.	O `	Yes	O No							
0 1 2 3 4 5 6 7 8 9		D. F	AILUI	RE 46374							

# Section 3: CONDITIONS OF EMPLOYMENT

1. Are you available for:		<b>2</b>	O 11
the state of the s	eek)(several weeks at a time)		O No
	(Several weeks at a tille)		O No O No
· ·			O No
			O No
Geographic relocation		O Yes	O No
Extended hours		O Yes	O No
2. Are you willing to travel to and work in for personal time and limited access to personal time.	oreign countries for extended periods of time, with little onal contacts?	O Yes	O No
3. Are you willing to travel to and work in g	eographic locations that may be dangerous?	O Yes	O No
	eographic locations that may present health nsafe water?	O Yes	O No
5. Are you willing to use deadly force in	n the course of your duties, as authorized by law?	O Yes	O No
Section 4: BASIC REQUIREMENTS			
1. Have you completed all requirements fo	r a bachelor's degree?	O Yes	O No
<ul> <li>a. If Yes, did you graduate with at least 10% of your baccalaureate undergra</li> </ul>	t a 3.45 grade point average on a 4.0 scale, or in the top	O Yes	O No
2. Do you have at least three (3) years	of progressively responsible full-time work experience	? O Yes	O No
demonstrates the ability to understand l procedures; to analyze narrative and nu	full-time work experience in a position that legal provisions, regulations, and administrative umerical data, draw conclusions, and make decisions; rely both orally and in writing?	O Yes	O No
public administration, police science,	s for a Master's Degree in a field such as criminal justi , or aviation management, or for a Law Degree (Juris		O No
	ts for a Doctorate (Ph.D. or equivalent) in a field such		O NO
	n, police science, or aviation management?		O No
	eate) semester or quarter credit hours have you success	fully	
	justice, public administration, police science, law, or	O 0 to 17 credit h	nours
		O 18 to 22 credit	
		O 23 to 35 credit	
		O 36 to 45 credit	
		O 46 to 53 credit	
Social Security Number		O 54 to 68 credit	
l non.on.on		O 69 or more cre	
0 000 00 0000			
1 000 00 0000	The credit hours completed above		
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	are:	O Semester cred	dit hours
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		O Quarter credit	hours
6 0 0 0 0 0 0 0 0 0			
7 000 00 0000			
		4637	<u>′4</u>

FAA FORM 59569 (09/2001)

A No education or training	education	and/or training.	
B On-the-job training only			
C Formal short-term training such as specialized trade school, professional	seminar		
D Formal extended training such as college, military school, certified law enf			
Investigative techniques		B C D 000	
2. Surveillance techniques			
3. Criminal interrogation techniques			
4. Constitutional law			
5. Criminal procedures		000	
6. Hostage negotiating techniques		000	
7. Techniques for interviewing witnesses to a crime, potential criminal			
suspects, or accomplices			
8. Civilian law enforcement training			
9. Security inspection techniques			
10. Aviation security procedures, policies, and techniques			
11. Security risk/threat assessment techniques			
12. Physical security techniques			
13. Information security techniques			
14. Armed executive protection techniques			
15. Intrusion/sabotage emergency response team tactics			
16. Explosive ordnance disposal		000	
17. Military special operations (e.g., Army Special Forces or Rangers; Air Force Para-Rescue or Combat Control; Navy Seals; Marine Force ReCon)		000	
18. Emergency Medical Technician (EMT) or higher (i.e., paramedic, registered			
nurse, physician's assistant, medical doctor)		000	
19. Small arms armorer	0	000	
20. Unarmed defensive tactics		000	
21. Pilot or flight crew	O	000	
Section 7: CERTIFICATIONS			
Which of the following certifications have you held or currently hold?			
Sworn civilian law enforcement officer	O Yes	O No	
Emergency Medical Technician or higher (i.e., paramedic, registered nurse,	• 100	<b>C</b> 1.10	
physician's assistant, medical doctor)	. O Yes	O No	
3. Private pilot or above (ATP, CFI, etc.)		O No	
4. American Bar Association-certified lawyer or attorney		O No	
5. ASIS Certified Protective Professional (CPP)		O No	
	00		
Control Constitution Number			
Social Security Number			
YOU WILL BE REQUIRED TO VERIFY ANY			
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USED TO	QUALIFY YOU FO	

Social Security Number											
0	0	0	0		0	0		0	0	0	0
1	0	0	0		0	0		0	0	0	0
2	0	0	0		0	0		0	0	0	0
3	0	0	0		0	0		0	0	0	0
4	0	0	0		0	0		0	0	0	0
5	0	0	0		0	0		0	0	0	0
6	0	0	0		0	0		0	0	0	0
7	0	0	0		0	0		0	0	0	0
8	0	0	0		0	0		0	0	0	0
9	0	0	0		0	0		0	0	0	0

RESULT IN YOUR NON-CONSIDERATION OR TERMINATION.

## Section 8: INTERNATIONAL EXPERIENCE

	low long have you resided or served in a foreign country, including military tours of	duty?		
	Never lived in a foreign country			
	Less than a year			
	O 1 to 2 years O 3 to 5 years			
(	O More than 5 years			
	n what regions of the world have you lived?			
۷. ۱	United States or its territories (Puerto Rico, Virgin Islands, American Samoa, and			
	Guam)	O Yes	O No	
	Canada (including Greenland)	O Yes	O No	
	Central America (Mexico to Panama)	O Yes	O No	
	Caribbean Area (excluding Puerto Rico and Virgin Islands)	O Yes	O No	
	South America	O Yes	O No	
	Europe (Iceland, Western Europe, Eastern Europe, Balkans, and Russia)	O Yes	O No	
	Asia (China, Japan, and Southeast Asia)	O Yes	O No	
	Southwest Pacific (Indonesia, Pacific Islands, excluding American Samoa			
	and Guam)	O Yes	O No	
	Africa		O No	
	India	O Yes	O No	
	Middle East		O No	
	Australia or New Zealand	O Yes	O No	
	o what extent have you visited other countries outside the U.S.?  Never  Rarely  Occasionaly  Frequently  Extensively			
4. I	ndicate how many foreign languages you speak fluently, passably well, or with diffic	ulty using	g the following so	cale:
(	A None; I speak English only B One foreign language C Two foreign languages C Three or more foreign languages	ABC	D	
a.	How many foreign languages do you speak fluently?	000	0	
b.	How many foreign languages do you speak passably well, but not fluently?	000	0	
c. I	How many foreign languages do you speak with difficulty, not fluently or passably?	000	0	
1 2 3 4 5 6 7 8	Social Security Number		46374	
J				

### Section 9: JOB-RELATED EXPERIENCE

This section asks you to describe your job-related experiences. For each experience, you will be asked to describe the recency of that experience, the level at which you worked, and the length of time you worked or performed those duties.

Recency			vel	Le	Length			
Α	No experience	Α	No experience	Α	No experience			
В	More than 5 years ago	В	Performed as trainee or probationary employee	В	Less than one year			
С	Within last 4 to 5 years	С	Performed under generalsupervision	С	1 to 2 years			
D	Within last 2 to 3 years	D	Performed independently with minimal supervision	D	3 to 5 years			
Ε	Within last year	Ε	Independently planned, coordinated, and led others and / or teams	E	More than 5 years			

	and led others and / or teams	Recency	<u>Level</u>	<u>Length</u>
		ABCDE	ABCDE	ABCDE
1.	Performed duties of sworn civilian law enforcement officer	00000	00000	00000
2.	Performed duties of detective or criminal investigator	00000	00000	00000
3.	Apprehended, arrested, and detained persons	.0000	00000	00000
4.	Conducted physical surveillance	-00000	00000	00000
5.	Conducted electronic surveillance	0000	00000	00000
6.	Escorted prisoners		00000	00000
7.	Conducted searches of persons and/or property		00000	00000
8.	Maintained continuous chain-of-custody for persons or property		00000	00000
9.	Prepared and delivered testimony in court		00000	00000
10.	Conducted criminal interrogations	_00000	00000	00000
11.	Conducted witness, suspect, or accomplice interviews	0000	00000	00000
12.	Conducted hostage negotiations	0000	00000	00000
13.	Performed work related to inspections or evaluations to determine compliance with laws and regulations	-00000	00000	00000
14.	Performed work related inspections or evaluations to determine compliance with laws and regulations affecting aviation	-00000	00000	00000
15.	Evaluated physical security policies or procedures of an organization relative to laws, regulations, standards, or practices	- 00000	00000	00000
16.	Evaluated information security policies or procedures of an organization relative to laws, regulations, standards, or practices	0000	00000	00000
17.	Developed or implemented policies or procedures affecting physical or information security	0000	00000	00000
18.	Developed or implemented policies or procedures affecting aviation security	- 00000	00000	00000
19.	Provided security risk, threat, or vulnerability assessments	-00000	00000	00000

	Social Security Number													
				-			-							
0	0	0	0		0	0		0	0	0	0			
1	0	0	0		0	0		0	0	0	0			
2	0	0	0		0	0		0	0	0	0			
3	0	0	0		0	0		0	0	0	0			
4	0	0	0		0	0		0	0	0	0			
5	0	0	0		0	0		0	0	0	0			
6	0	0	0		0	0		0	0	0	0			
7	0	0	0		0	0		0	0	0	0			
8	0	0	0		0	0		0	0	0	0			
9	0	0	0		0	0		0	0	0	0			

	Recency	Length						
	A No experience	A No experience	A No exp					
	B More than 5 years ago	B Performed as trainee or probationary employee		han one year				
	C Within last 4 to 5 years	C Performed under generalsupervision	C 1 to 2	=				
	D Within last 2 to 3 years	D Performed independently with minimal supervision	D 3 to 5	years				
	E Within last year	E Independently planned, coordinated, and led others and / or teams	E More t	han 5 years				
			Recency	<u>Level</u>	<u>Length</u>			
20	Provided security risk, threat, or vuln	ABCDE	ABCDE	ABCDE				
20.	aviation security	00000	00000	00000				
21.	Provided law enforcement and/or segovernments or private persons or o							
	government-sanctioned program		.00000	00000	00000			
22.	Provided law enforcement and/or se	curity training to U.S. law	00000	00000	00000			
23	Planned, coordinated, or executed se							
	or missions		00000	00000	00000			
24.		a specific mission,	00000	00000	00000			
25.	Provided armed executive protective	00000	00000	00000				
26.	Provided armed security for highly rethere is potential for significant bread to public safety.		00000	00000	00000			
27		S		00000	00000			
28.		s/executives		00000	00000			
29.	Carried firearms in a professional ca	pacity	00000	00000	00000			
30.	Responded to medical emergency a	nd provided medical support	00000	00000	00000			
31.	Worked with explosives in a professi	onal capacity	00000	00000	00000			
32.	Arranged overseas travel for yourself	or others	00000	00000	00000			
33.	Researched, used, and/or cited legal preparation of plans, reports, or testi	reference materials in mony	.0000	00000	00000			
34.	Worked with U.S. or foreign diplomat	ic staff in planning, coordinating,	00000					
		ssions, or actions		00000	00000			
		advisor, liaison, or instructor		00000	00000			
36.	Served in military combat arm (not co	ombat support)	00000	00000	00000			
Г	Social Socurity Number	1						
	Social Security Number							
- 1	0 000 00 0000							
	2 0 0 0 0 0 0 0							
	3 000 00 0000							
	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	6 0 0 0 0 0 0 0 0							
- 1	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	9 000 00 0000				46374			
_ L	9 000 00 0000							

	Re	cency	Le	vel		Ler	ngth		
	A B	No experience More than 5 years ago		No experience Performed as trainee or			No experience Less than one year	r	
	С	Within last 4 to 5 years	C	probationary employee Performed under generalsupervision	า	C	1 to 2 years		
	D	Within last 2 to 3 years		Performed independently with			3 to 5 years		
	E	Within last year	Ε	minimal supervision Independently planned, coordinate and led others and / or teams	ed,	Ε	More than 5 years		
					Recency	L	<u>Level</u>	<u>L</u>	ength
					ABC	E	ABCDE	АВ	CDE
37.	Forces of	n military special operations for or Rangers; Air Force Para-Res als; or Marine Force ReCon	cue o		0000	0	00000	00	000
38.	Served a	as military special operations fo	rce ac					00	000
39.	Served a	as a member of a military speci-	al ope	rations force	0000	. ^	00000	0.0	000
40.				/unit					000
2.	Lautenbe announc Are you oby the Fe (FBI / DE If yes, ma	erg amendment (P.L. 104-208, sement for a complete description or have you ever been a certifice deral Law Enforcement Training: A)?  Eark the department for which you artment of Justice	Section on the section of the sectio	omestic violence as defined in the n 658) ? (Refer to the vacancy  Federal Law Enforcement Officer as ter (FLETC) and/or the Department  e.	prescribed of Justice			O Yes	O No O No
	Othe	•						O Yes	O No O No
	0 0 1 0 2 0 3 0 4 0								
		00 00 0000						46374	

### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU **MUST** COMPLETE THIS PORTION OF THE QUESTIONNAIRE IN ORDER TO BE CONSIDERED FOR FEDERAL AVIATION ADMINISTRATION EMPLOYMENT

NOTE: You **must** sign the application **and** darken the "Y" circle corresponding to the YES answer for each question below. **If these four questions are not answered "YES," your application cannot be considered.** Read the following carefully before you sign this application:

ublic Law 104-50 allows the Federal Aviation Administration to rate applicants for employment. We need the inf ork skills qualify you for employment with the FAA. We also need information on matters such as citizenship an eciding who may be employed by the Fedreal Government.  **xecutive Order 9397 authorizes the solicitation of your Social Security Number (SSN) for use as an identifier in p pplicants throughout the selection and employment process. The information we collect by using your SSN will and computer matching to benefit payment files. Furnishing your SSN or any of the other information specified in	d military service to see whether you personnel records management, this be used for employment purposes an	are affected by laws we mu creating proper identificati d also may be used for stud	ust follow in on of lies, statistic		
PRIVACY ACT AND PUBLIC BURDEN STAT					
(Signature)	(Month)	(Day)	(Year)		
application is true, accurate, and complete, and that this application Administration is made in good faith.	cation for employment	with the Federa		O No	
<ul> <li>individuals and organizations to investigators, and personnel s employees of the Federal Aviation Administration.</li> <li>I certify that, to the best of my knowledge and belief, ALL of t</li> </ul>				O No	
<ul> <li>I consent to the release of information concerning my backgrouthe Federal Aviation Administration by employers, schools, law</li> </ul>			t with		
I understand that information I give may be investigated as all Presidential order.			O Yes	O No	
<ul> <li>I understand that a false statement on any part of this applicate firing me after I begin work. I also understand that I may be perfalsification of my employment application. (18 USC 1001).</li> </ul>	unished by fine or imp	risonment for		O No	

Public burden reporting for collection of this information is estimated to be 60 minutes or less, including time for reading instructions and completing the required information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to: Federal Aviation Administration, Office of Human Resource Management, 800 Independance Avenue, S.W., Washington, D.C., 20591.

Note: If you received the application form by fax and the four corner boxes are cut off at the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. Since the application form will be scanned, it may not be read properly if the boxes are not intact.

The nature of the information received is confidential and will be handled appropriately by authorized officials. This information becomes part of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System of Records as Louisian Combination of the Privacy Act System Combination of the Privacy Act Sy

Social Security Number												
0	00	0	0	0	0	0	0	0				
1	00	0	0	0	0	0	0	0				
2	00	0	0	0	0	0	0	0				
3	00	0	0	0	0	0	0	0				
4	00	0	0	0	0	0	0	0				
5	00	0	0	0	0	0	0	0				
6	00	0	0	0	0	0	0	0				
7	00	0	0	0	0	0	0	0				
8	00	0	0	0	0	0	0	0				
9	00	0	0	0	0	0	0	0				

### RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Please use a standard #2 lead pencil or black pen to complete this form. Do not make or leave stray marks on the scannable form. Fill in the boxes with the requested information, or mark the appropriate box to indicate your response.

Firs	t Nai	me													
											Socia	al Secur	ity N	umber	]
M I									_	1 2 3 4 5			000000	000000000000000000000000000000000000000	
Last	Nar	ne								7	000	0	0	0000	)
										8 9 0	000		000	0000	) ) )
										-					

The categories below provide descriptions of race and national origins. Read the Definition of Category descriptions and then

blacken the circle next to the category with which you identify yourself. If you are of mixed race and/or national origin, select the category with which you most closely identify yourself. Please mark only one circle. Name of Category **Definition of Category** Male Female A person having origins in any of the original peoples of North America, and who maintains American Indian or  $\circ$ 0 Alaskan Native cultural identification through community recognition or tribal affiliation. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Asian or Pacific subcontinent, or the Pacific Islands. For example, this area includes China, India, Japan, Korea, Islander the Phillippine Islands, and Samoa. A person having origins in any of the black racial groups of Africa. This does not include persons of Black, not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Hispanic origin A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures Hispanic or origins. This does not include persons of Portuguese culture or origin. A person having origins in any of the original peoples of Europe, North America, or the Middle White, not of 0 0 East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, Hispanic origin or other Spanish cultures or origins.

#### PRIVACY ACT STATEMENT

Solicitation of this information is authorized by section 2000e-16 of title 42, which requires that agency employment practices be free from discrimination and provide equal employment opportunities for all, and by the Uniform Guidelines on Employee Selection Procedures (1978), 43 FR 38297 et seq. (August 25, 1978), which requires agencies to examine their employee selection procedures to identify any adverse impact those procedures have on women and minorities. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting." This information will be used to make statistical determinations under the Federal Equal Opportunity Recruitment Program (5 USC 7201) and affirmative action programs under section 717 of the title VII of the Civil Rights Act of 1964 as amended. The furnishing of these data is voluntary; however, collection of the information is essential to the design and maintenance of effective recruitment and preemployment processing programs which will provide the best possible employment opportunities to all candidates. You are requested to furnish your social security number (SSN) under the authority of Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnal records. Furnishing of the SSN is voluntary; however, failure to provide the SSN may result in inaccurate statistical records.

#### PUBLIC BURDEN INFORMATION

The public reporting burden for completing this form is estimated to vary from 1 to 3 minutes with an average of 2 minutes. This estimate includes time for reviewing instructions, gathering data needed, and completing and reviewing entries. Send comments about the burden estimate or any other aspect of this form, including suggestions for reduing this burden to: Federal Aviation Administration, Office of Personnel, APN-200, 800 Independence Ave. S.W., Washington D.C. 20591; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0040), Washington, D.C. 20503.

26264

26264